

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/510333</i>	FILING DATE	
10/5104								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1			1				51			
2				1			52			
3				1			53			
4				1			54			
5			1	1			55			
6			1	1			56			
7							57			
8				1			58			
9				1			59			
10			1	1			60			
11			1	1			61			
12	b			1			62			
13			1	1			63			
14				1			64			
15				1			65			
16				1			66			
17				1			67			
18				1			68			
19				1			69			
20				1			70			
21				1			71			
22				1			72			
23				1			73			
24				1			74			
25				1			75			
26				1			76			
27				1			77			
28				1			78			
29				1			79			
30				1			80			
31				1			81			
32				1			82			
33				1			83			
34				1			84			
35				1			85			
36				1			86			
37				1			87			
38				1			88			
39				1			89			
40				1			90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.				6			TOTAL IND.			
TOTAL DEP.				34			TOTAL DEP.			
TOTAL CLAIMS				40			TOTAL CLAIMS			

Best Available Copy